

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2023-999627

Date Filed:
03/28/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Kofile Technologies, Inc.
Dallas, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
23-0122-VWB
Preservation and Imaging of Commissioners' Court Index Book

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kofile, Inc.	Dallas, TX United States	X	
	Crosno, Michael	Dallas, TX United States	X	
	Mohn, Jonathan	Dallas, TX United States	X	
	Slonaker, Sharon	Dallas, TX United States	X	
	Williams, George	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

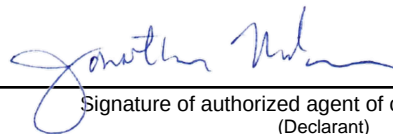
6 UNSWORN DECLARATION

My name is Jonathan Mohn, and my date of birth is 05-02-1966.

My address is 6300 Cedar Springs Road, Dallas, TX, 75235, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Dallas County, State of TX, on the 28 day of March, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	Mohn, Jonathan	Dallas, TX United States	X	
	Slonaker, Sharon	Dallas, TX United States	X	
	Williams, George	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)